



APPLICATION FOR NATIONAL BENCH OFFICIALS ASSESSMENT

Candidate Name: _____

Address: _____

Mobile: _____ Email: _____

Region: _____

New Assessment

YES - The Candidate has completed all the requirements for Regional Accreditation

Re Validation

YES - The Candidate is competent at Time Keeping

YES - The Candidate is competent as Scorer 2

- Request for assessment of the following scoresheets:

1. Game: _____ 2. Game: _____

Event: _____ Event: _____

Date: _____ Date: _____

3. Game: _____ 4. Game: _____

Event: _____ Event: _____

Date: _____ Date: _____

Signed: _____

Name: _____

Position: _____

Date: _____

Please return to:

Netball New Zealand, PO Box 99710, Newmarket, Auckland, 1149

rochellee@netballnz.co.nz Fax: (09) 623 5777

NNZ ONLY

Assessment outcome: _____ Assessed By: _____

Date: _____ Candidate/Region notified: _____

NNZ database updated: _____